PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

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cal	07/	952
()47	401	100
V 11	/ -	•

CLAIMS AS FILED - PART (Column 1)			(Column 2)			SMALL ENTITY		OR	OTHER THAN SMALL ENTITY			
TO	TAL CLAIMS						ſ	RATE	FEE	[RATE	FEÉ
FOR			NUMBER FILED		NUMBE	REXTRA		BASIC FEE	385.00	SOR.	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			mi	nus 20=				X\$ 9=		OR	XS18=	
INC	EPENDENT CL	AIMS .	m	inus 3 =	<u> </u>			X43::		OR	X86=	
MULTIPLE DEPENDENT CLAIM PRESENT								+145		OR	€290×	·
* If the difference in column 1 is less than zero lenter 0 in					o miçe	dome 2	٠ ا	10101		OR	TOTAL	
	CI	LAIMS AS A	MENDE) PAR		: . · : . ·	4 4	SM/U.I. I	NTITY	, da	OTHER SMALL	ENTITY
ENT A		ер 1831 година 1831 година 1848 година		7,745 44 1.4 1240	. 11 : 1			17511	HONAL FEE		16411	LIONAL FEE
MQ2	Total	. 42	Minus	4	3	.:		X\$ 9.		ОR	X\$18-	
AMENDMENT	Independent	6	Minus	<u>5</u>				Х43.		ÓВ	,X86≔	8602
	FIRST PRESE	NTATION OF MI	ULTIPLE DE	PENDEN	T CLAIM]	÷145=		ОR	+290=	
	,						ı	TOTAL ADDIT FEE		OR	TOTAL ADDIT FÉE	
		(Column 1)	÷	(Colu	na 2.	(Column 3)		7000, 1 44		•	•	
NT B		CLAIMS REMAINING AFTER AMELIOMENT		LORA	HEST MBER MOUSE MOUSE	PRESENT		DATE	ADDI TIONAL FEE		RATE	ADDI- TIONAL FEE
DMG	Total		taurus.					151		ÇH	K\$18 .	
AMENDMENT	Inaependent	4	Minus	**1		i.	_	X43:		OF	X86=	
L	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDEN	T CLAIM		اـ	. 1 11	† 	OF		1
		•						6140×		OF	L	il.
	•							ADDIT TOS	L	70,	' ADDIT FE	E L
<u> </u>	T	(Column 1) CLAIMS	· ·		imn 2) HEST	(Column 3 !	1	ŗ	AUŪI-	Ţ		ADDI-
AMENDMENT C		REMAINING AFTER AMENDMENT		NUM PREV	MBER TOUSLY D FOR	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE
115	Total	*	Minus	f-R		=		X\$ 9=		OF	X\$18=	:
MEN	Independent	A .	Minus	4.4.4]=		X43≟		OF	X86=	
	FIRST PRESE	NTATION OF M	IULTIPLE D	EPENDE	VT CLAIM				1	1		
	If the entry in colu	ımn 1 is less than	the entry in co	olúmn 2. wr	ite "O" in co	olumn 3.		+145= TOTAL	ļ	OF	TOT	
.44	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20. ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."							ADDIT. FEE		O	ADDIT. FE	Ē L
"	The Highest Nur	nber Previously Pa	aid For (Total	or Indeper	ndent) is th	e highest num	ber l	ound in the a	ppropriate b	ox in	column 1.	